



GES Job # 14800.0023

## INJURY AND ILLNESS ACCIDENT REPORT

Site: Niagara Falls Blvd

### SECTION 1 "INFORMATION ABOUT INJURED EMPLOYEE"

- 1) Full Name: Kevin Keller EMPLOYEE ID#: \_\_\_\_\_  
2) Employee Address: Street: 411 Nimitz Rd Home Phone: (302) 538-1358  
City: Dover State: DE Zip: 19901 6638  
3) Date of Birth: 4 / 9 / 1981 4) Date Hired: 08 / / 2009  
5) Male ☒ Female: \_\_\_\_\_ Position: Clean up Technician

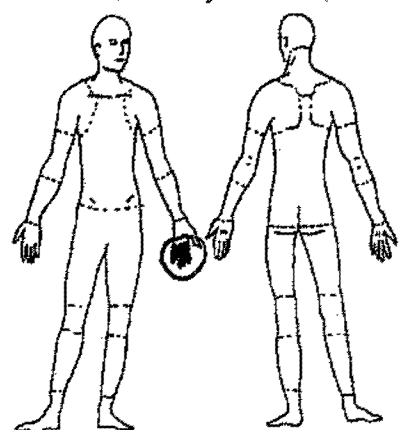
### SECTION 2 INFORMATION ABOUT THE CASE to Be Filled in by Supervisor (Questions 6-22)

- 6) Treatment \_\_\_\_\_ First Aid Onsite \_\_\_\_\_ Sent to Medical Facility (Complete 7-9)  
7) Facility: Niagara Falls Memorial Medical Phone Number: (716) 278-4394  
City: Niagara Falls State: NY Zip: 14301  
8) Treated in Emergency Room? ☒ Y \_\_\_\_\_ N Hospitalized Patient? \_\_\_\_\_ Y ☒ N  
9) Status: \_\_\_\_\_ Returned to Full Duty \_\_\_\_\_ Restricted/Modified Duty ☒ Out of Work  
10) Date of Injury/Illness: 1 / 25 / 2017 Date Reported to Employer: 1 / 25 / 2017  
11) Time began work: 0730 (AM/PM) 12) Time of Incident: 11:45 (AM/PM)  
13) Location/Site (where did incident occur need address, city and state) Niagara Falls Blvd Site  
9626 Niagara Falls Blvd, Niagara Falls, NY 14304  
14) What was the employee doing when the incident occurred? Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details. Employee was Assitting in moving a portable truck scale. The unit was raised off the ground using a skid steer w/ fork attachments. Employee was going to place a wooden block underneath when the scale slipped crushing the finger between the wooden block and the asphalt.  
15) What happened? Explain how the injury occurred. Ex: "When ladder spilled on wet floor, worker fell 20 feet", "worker developed soreness in wrist over time", etc. Provide signed witness and employee statements as attachments When the scale slipped off the forks, it fell about 10 inches crushing the employees finger between a wooden block and asphalt.  
List Witnesses: John Crossan and Jose Gonzalez

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## GES INJURY AND ILLNESS ACCIDENT REPORT FORM CONTINUED

16) What was the injury or illness? Fill out form below:

Part of body affected: (shade all that apply)	Nature of injury: (most serious one)
	<input type="checkbox"/> Abrasion, scrapes <input checked="" type="checkbox"/> Amputation <b>(partial)</b> <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____

17) What object or substance directly harmed the employee? Example: "slipped and fell striking concrete floor", "burned hand on muffler exhaust", "hurt back while lifting drill rods", etc. **Portable Truck Scale fell crushing fingers.**

18) If employee died, when did death occur? Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

**Investigation to be completed by Supervisor, additional investigation by safety, as needed**

19) Type of Accident

- |  |  |
|--|--|
| <input type="checkbox"/> Slip/Trip/Fall Same Level<br><input type="checkbox"/> Fall From Height<br><input type="checkbox"/> Chemical Exposure<br><input type="checkbox"/> Struck against Object<br><input type="checkbox"/> Struck by Object | <input checked="" type="checkbox"/> Caught In/Caught Between<br><input type="checkbox"/> Thermal Exposure (heat/cold)<br><input type="checkbox"/> Overexertion (strain)<br><input type="checkbox"/> Cumulative Trauma (developed over time)<br><input type="checkbox"/> Other (describe) <b>Fingers crushed by scale</b> |
|--|--|

20) Basic Cause of Accident

<p>Unsafe workplace conditions: (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inadequate guard</li> <li><input type="checkbox"/> Unguarded hazard</li> <li><input type="checkbox"/> Safety device is defective</li> <li><input type="checkbox"/> Tool or equipment defective</li> <li><input type="checkbox"/> Workstation layout is hazardous</li> <li><input type="checkbox"/> Unsafe lighting</li> <li><input type="checkbox"/> Unsafe ventilation</li> <li><input type="checkbox"/> Lack of needed personal protective equipment</li> <li><input type="checkbox"/> Lack of appropriate equipment / tools</li> <li><input type="checkbox"/> Unsafe clothing</li> <li><input type="checkbox"/> No training or insufficient training</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p>Unsafe acts by people: (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Operating without permission</li> <li><input type="checkbox"/> Operating at unsafe speed</li> <li><input type="checkbox"/> Servicing equipment that has power to it</li> <li><input type="checkbox"/> Making a safety device inoperative</li> <li><input type="checkbox"/> Using defective equipment</li> <li><input type="checkbox"/> Using equipment in an unapproved way</li> <li><input type="checkbox"/> Unsafe lifting</li> <li><input type="checkbox"/> Taking an unsafe position or posture</li> <li><input type="checkbox"/> Distraction, teasing, horseplay</li> <li><input type="checkbox"/> Failure to wear personal protective equipment</li> <li><input type="checkbox"/> Failure to use the available equipment / tools</li> <li><input type="checkbox"/> Other: _____</li> </ul>
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## GES INJURY AND ILLNESS ACCIDENT REPORT FORM CONTINUED

Why did the unsafe conditions exist? Wet conditions

Why did the unsafe acts occur? Weather conditions and site closure prompting equipment to get packed up and demobilized.

21) What changes do you suggest to prevent this incident/near miss from happening again?

- ☐ Stop this activity    ☐ Guard the hazard    ☐ Train the employee(s)    ☐ Train the supervisor(s)  
☒ Redesign task steps    ☐ Redesign work station    ☐ Write a new policy/rule    ☐ Enforce existing policy  
☐ Routinely inspect for the hazard    ☐ Personal Protective Equipment    ☐ Other: \_\_\_\_\_

22) What should be (or has been) done to carry out the suggestion(s) checked above? Added additional lifting tools for more options.

### Signatures:

Employee: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Foreman: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor: Frank Rodriguez

Date: 1/26/2017

Corporate Safety: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Manager: \_\_\_\_\_  
Executive Vice President

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return to Safety Within 24 Hours

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**Patient Education Materials:**

Form - Excuse from Work, School, or Physical Activity; Traumatic Finger Amputation; Crush Injury, Fingers or Toes, Easy-to-Read

## Excuse from Work, School, or Physical Activity

\_\_\_\_\_ Kevin Keller \_\_\_\_\_ needs to be excused from:

☒ Work

\_\_\_\_\_ School

\_\_\_\_\_ Physical activity

beginning now and through the following date: 2/5/17

\_\_\_\_\_ He or she may return to work or school but should still avoid the following physical activity or activities from now until \_\_\_\_\_.

Activity restrictions include:

\_\_\_\_\_ Lifting more than \_\_\_\_\_ lb

\_\_\_\_\_ Sitting longer than \_\_\_\_\_ minutes at a time

\_\_\_\_\_ Standing longer than \_\_\_\_\_ minutes at a time

☒ He or she may return to full physical activity as of 2/5/17

Health Care Provider Name (printed): \_\_\_\_\_ Don Collure MD \_\_\_\_\_

Health Care Provider (signature): \_\_\_\_\_

Date: 1/25/17

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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## Traumatic Finger Amputation

A traumatic finger amputation is when you lose part or all of a finger because of an accident or injury. The severity of this type of injury can vary widely. It can mean that just the tip of your finger gets ripped off (*avulsion*), or it can mean that you completely lose a finger (*amputation*).

**Traumatic finger amputation is a medical emergency.** It requires immediate care to prevent further damage and to save the finger.

## John's Statement

Kevin and I were working on wrapping up the scale. I had to lift it up to put blocks under it.

Before we got started I told Kevin to use the blocks and not to put his hands under it in case slipped off the forks.

It ended up slipping off of the forks and I was not aware that his fingers got caught because his back was towards me.



I Jose Gonzalez was putting  
cubic yard boxes in a conex box  
when the accident happened  
to Kevin Keller  
Jose Gonzalez